PO Box #, RR #, Apartment #, Building Name or Business Name															
													7: 0: 4:		
City												State	Zip Code		
New Residential Address															
Number & Street and Suite # or Floor															
PO Box #, RR #, Ap	PO Box #, RR #, Apartment #														
City												State	Zip Code		
New Business Address															
Number & Street and	Number & Street and Suite # or Floor														
PO Box #, RR #, Ap	artment #,	Building	Name o	or Busines	s Nar	ne									
														-	
City												State	Zip Code		

If the mailing address is being changed, please send this form, an FIS 0223, and a nonpersonal check (money order, cashier's check, agency or company check) for \$3 (made payable to the State of Michigan) to the address indicated below.

Changing an address will not produce a new license document for you automatically. If you would like a license bearing your new mailing address, please complete form FIS 0261 (Document Request). There is no charge for the new license.

When complete, please send to

Michigan Division of Insurance PO Box 23127 Lansing, MI 48909-3127

OR

overnight to ASI/OFIS 6920 South Cedar, Suite 6 Lansing, MI 48911-6924

Our web address is http://cis.state.mi.us/ofis

Our toll free phone number is

1-877-999-6442

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